

## **HOME HEALTH CHOW INFORMATION**

THE FACILITY MUST FILL OUT THE FORM 855A AND RETURN THE **ORIGINAL** TO ITS FISCAL INTERMEDIARY. When the 855A is approved by the Fiscal Intermediary, a copy of the 855A will be forwarded to IDPH. **Questions regarding the 855A should be directed to the Fiscal Intermediary.**

The CMS 855A can be found at the following website:

[www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf)

**All other forms listed on this instruction sheet should be filled out and returned to IDPH at the following address: DO NOT FAX**

Illinois Department of Public Health  
Health Care Facilities & Programs Section  
525 W. Jefferson Street, 4<sup>th</sup> Floor  
Springfield, IL 62761-0001  
Attention: Karen Senger

## **FORMS NEEDED FOR CHANGE OF OWNERSHIP**

- CMS-1572(a & b) Home Health Agency survey and Deficiencies Report [www.cms.hhs.gov/cmsforms/downloads/cms1572a.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms1572a.pdf) **DO NOT** fill out 7, 8, 11, 21, 22, 23 – **ALL OTHERS** should be completed. Section #18 and #19...if you put a “2” in any of the boxes in Section #18, then the corresponding service in Section #19 should be “0”. If you put a #1 or #3 in any of the boxes in Section #18, then there should be a number in the corresponding service in Section #19
- CMS-1561 Health Insurance Benefits Agreement Form (2 originals required) [www.cms.hhs.gov/cmsforms/downloads/cms1561.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms1561.pdf) **Make sure you sign/date/put your title in the section that says “Accepted for the Provider of Services By” – DO NOT SIGN IN EITHER OF THE OTHER TWO SIGNATURE BLOCKS.**  
Medicare Intermediary Information – (1 original required)

<http://dph.illinois.gov/sites/default/files/forms/COOS-Medicare-Intermediary-Information-040816.pdf>

- **Office for Civil Rights (OCR) Clearance Process** – A health care provider that applies for participation in the Medicare Part A program must receive a civil rights clearance from OCR, as set forth in 42 CFR 480.10(b).
- **Initial Enrollment or CHOW- the Civil Rights Packet may be submitted on line- by submitting the attestation electronically to the OCR via OCR’s online Assurance of Compliance portal at the following website.** <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>. Your agency will receive an electronic verification from OCR of successful submission of the attestation. Submit to the Department a copy, demonstrating evidence of successful electronic submission of the attestation.

**When all of the pertinent documents are received, they will be forwarded to CMS (Centers for Medicare and Medicaid Services) in Chicago. CMS will issue your facility a letter acknowledging your Change of Ownership. YOUR PROVIDER NUMBER DOES NOT CHANGE.**